

AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 1192
OFFERED BY MR. OLSON OF TEXAS

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the “National Clinical Care
3 Commission Act”.

4 SEC. 2. ESTABLISHMENT OF THE NATIONAL CLINICAL
5 CARE COMMISSION.

6 Part P of title III of the Public Health Service Act
7 (42 U.S.C. 280g et seq.) is amended by adding at the end
8 the following new section:

9 “SEC. 399V-7. NATIONAL CLINICAL CARE COMMISSION.

10 “(a) ESTABLISHMENT.—There is hereby established,
11 within the Department of Health and Human Services,
12 a National Clinical Care Commission (in this section re-
13 ferred to as the ‘Commission’) to evaluate, and rec-
14 ommend solutions regarding better coordination and
15 leveraging of, programs within the Department and other
16 Federal agencies that relate in any way to supporting ap-
17 propriate clinical care (such as any interactions between
18 physicians and other health care providers and their pa-

1 tients related to treatment and care management) for indi-
2 viduals with—

3 “(1) a complex metabolic or autoimmune dis-
4 ease;

5 “(2) a disease resulting from insulin deficiency
6 or insulin resistance; or

7 “(3) complications caused by any such disease.

8 “(b) MEMBERSHIP.—

9 “(1) IN GENERAL.—The Commission shall be
10 composed of the following voting members:

11 “(A) The heads (or their designees) of the
12 following Federal agencies and departments:

13 “(i) The Centers for Medicare & Med-
14 icaid Services.

15 “(ii) The Agency for Healthcare Re-
16 search and Quality.

17 “(iii) The Centers for Disease Control
18 and Prevention.

19 “(iv) The Indian Health Service.

20 “(v) The Department of Veterans Af-
21 fairs.

22 “(vi) The National Institutes of
23 Health.

24 “(vii) The Food and Drug Adminis-
25 tration.

1 “(viii) The Health Resources and
2 Services Administration.

3 “(ix) The Department of Defense.

4 “(B) Twelve additional voting members ap-
5 pointed under paragraph (2).

6 “(C) Such additional voting members as
7 may be appointed by the Secretary, at the Sec-
8 retary’s discretion, from among the heads (or
9 their designees) of governmental or nongovern-
10 mental entities that impact clinical care of indi-
11 viduals with any of the diseases and complica-
12 tions described in subsection (a).

13 “(2) ADDITIONAL MEMBERS.—The Commission
14 shall include additional voting members appointed by
15 the Secretary, in consultation with national medical
16 societies and patient advocacy organizations with ex-
17 pertise in the care and epidemiology of any of the
18 diseases and complications described in subsection
19 (a), including one or more such members from each
20 of the following categories:

21 “(A) Clinical endocrinologists.

22 “(B) Physician specialties (other than as
23 described in subparagraph (A)) that play a role
24 in diseases and complications described in sub-

1 section (a), such as cardiologists, nephrologists,
2 and eye care professionals.

3 “(C) Primary care physicians.

4 “(D) Non-physician health care profes-
5 sionals, such as certified diabetes educators,
6 registered dietitians and nutrition professionals,
7 nurses, nurse practitioners, and physician as-
8 sistants.

9 “(E) Patient advocates.

10 “(F) National experts in the duties listed
11 under subsection (c).

12 “(G) Health care providers furnishing
13 services to a patient population that consists of
14 a high percentage (as specified by the Sec-
15 retary) of individuals who are enrolled in a
16 State plan under title XIX of the Social Secu-
17 rity Act or who are not covered under a health
18 plan or health insurance coverage.

19 “(3) CHAIRPERSON.—The voting members of
20 the Commission shall select a chairperson from the
21 members appointed under paragraph (2) from the
22 category under paragraph (2)(A).

23 “(4) MEETINGS.—The Commission shall meet
24 at least twice, and not more than 4 times, a year.

1 “(5) BOARD TERMS.—Members of the Commis-
2 sion appointed pursuant to subparagraph (B) or (C)
3 of paragraph (1), including the chairperson, shall
4 serve for a 3-year term. A vacancy on the Commis-
5 sion shall be filled in the same manner as the origi-
6 nal appointments.

7 “(c) DUTIES.—The Commission shall—

8 “(1) evaluate programs of the Department of
9 Health and Human Services regarding the utiliza-
10 tion of diabetes screening benefits, annual wellness
11 visits, and other preventive health benefits that may
12 reduce the incidence of the diseases and complica-
13 tions described in subsection (a), including explain-
14 ing problems regarding such utilization and related
15 data collection mechanisms;

16 “(2) identify current activities and critical gaps
17 in Federal efforts to support clinicians in providing
18 integrated, high-quality care to individuals with any
19 of the diseases and complications described in sub-
20 section (a);

21 “(3) make recommendations regarding the co-
22 ordination of clinically-based activities that are being
23 supported by the Federal Government with respect
24 to the diseases and complications described in sub-
25 section (a);

1 “(4) make recommendations regarding the de-
2 velopment and coordination of federally funded clin-
3 ical practice support tools for physicians and other
4 health care professionals in caring for and managing
5 the care of individuals with any of the diseases and
6 complications described in subsection (a), specifically
7 with regard to implementation of new treatments
8 and technologies;

9 “(5) evaluate programs described in subsection
10 (a) that are in existence as of the date of the enact-
11 ment of this section and determine if such programs
12 are meeting the needs identified in paragraph (2)
13 and, if such programs are determined as not meet-
14 ing such needs, recommend programs that would be
15 more appropriate;

16 “(6) recommend, with respect to the diseases
17 and complications described in subsection (a), clin-
18 ical pathways for new technologies and treatments,
19 including future data collection activities, that may
20 be developed and then used to evaluate—

21 “(A) various care models and methods;
22 and

23 “(B) the impact of such models and meth-
24 ods on quality of care as measured by appro-

1 priate care parameters (such as A1C, blood
2 pressure, and cholesterol levels);

3 “(7) evaluate and expand education and aware-
4 ness activities provided to physicians and other
5 health care professionals regarding clinical practices
6 for the prevention of the diseases and complications
7 described in subsection (a);

8 “(8) review and recommend appropriate meth-
9 ods for outreach and dissemination of educational
10 resources that—

11 “(A) regard the diseases and complications
12 described in subsection (a);

13 “(B) are funded by the Federal Govern-
14 ment; and

15 “(C) are intended for health care profes-
16 sionals and the public; and

17 “(9) carry out other activities, such as activities
18 relating to the areas of public health and nutrition,
19 that the Commission deems appropriate with respect
20 to the diseases and complications described in sub-
21 section (a).

22 “(d) OPERATING PLAN.—

23 “(1) INITIAL PLAN.—Not later than 90 days
24 after its first meeting, the Commission shall submit
25 to the Secretary and the Congress an operating plan

1 for carrying out the activities of the Commission as
2 described in subsection (c). Such operating plan may
3 include—

4 “(A) a list of specific activities that the
5 Commission plans to conduct for purposes of
6 carrying out the duties described in each of the
7 paragraphs in subsection (c);

8 “(B) a plan for completing the activities;

9 “(C) a list of members of the Commission
10 and other individuals who are not members of
11 the Commission who will need to be involved to
12 conduct such activities;

13 “(D) an explanation of Federal agency in-
14 volvement and coordination needed to conduct
15 such activities;

16 “(E) a budget for conducting such activi-
17 ties;

18 “(F) a plan for evaluating the value and
19 potential impact of the Commission’s work and
20 recommendations, including the possible con-
21 tinuation of the Commission for the purposes of
22 overseeing their implementation; and

23 “(G) other information that the Commis-
24 sion deems appropriate.

1 “(2) UPDATES.—The Commission shall periodi-
2 cally update the operating plan under paragraph (1)
3 and submit such updates to the Secretary and the
4 Congress.

5 “(e) FINAL REPORT.—By not later than 3 years after
6 the date of the Commission’s first meeting, the Commis-
7 sion shall submit to the Secretary and the Congress a final
8 report containing all of the findings and recommendations
9 required by this section. Not later than 120 days after
10 the submission of the final report, the Secretary shall re-
11 view the plan required by subsection (d)(1)(F) and submit
12 to the Congress a recommendation on whether the Com-
13 mission should be reauthorized to operate after fiscal year
14 2019.

15 “(f) SUNSET.—The Commission shall terminate at
16 the end of fiscal year 2019.”.

Amend the title so as to read: “A bill to amend the Public Health Service Act to foster more effective implementation and coordination of clinical care for people with a complex metabolic or autoimmune disease, a disease resulting from insulin deficiency or insulin resistance, or complications caused by such a disease, and for other purposes.”.

